

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

EXAMINER: 09/2-11/8 DATE: 09/2/08
 REVIEWER: _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						

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TOTAL IND.						
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* INDICATES CLAIMS THAT ARE SUBJECT TO A FEE